

Register the return in advance and save time

To allow us to process your order even quicker, simply download our returns form and declaration of no objection from www.sick.com and fill these out from the comfort of your own PC. This allows us to prepare for the necessary repair work while your sensor is still on its way to our repair stations. By completing these forms, you can ensure that your order is processed as quickly as possible.



- 1 Making initial contact**
If you're in need of a repair, simply contact your on-site SICK representative.



- 2 Accessing a repair form**
A form comprising a declaration of no objection and return information is available online at www.sick.com.



- 3 Completing the form and approving the repair**
Simply fill out the repair form from the comfort of your PC and approve the repair order for your defective device by e-mailing the form to SICK.



- 4 Sending to SICK**
Carefully pack the defective device in stable, impact-resistant packaging that is suitable for transportation and remember to include a hard copy of the completed repair form. This makes it easier to recognize at our repair center so it can be processed more quickly.



- 5 Repairs**
Repairs on devices are carried out directly on the device manufacturer's premises and these devices are subjected to the same quality assurance measures as new devices.



- 6 Returns**
Once the repair work is complete, our service technicians check the refurbished device one more time to ensure it is fully functional before sending it back quickly and safely to the requested delivery address – we can even send it express delivery if you prefer.

Non-risk declaration

Your internal order number/RMA (completed internally at SICK)

Internal SICK order confirmation number

Non-risk declaration for biological risks and hazardous materials (for the product specified below)

Devices/components shall only be repaired, have maintenance work performed on them, or returned if they do not contain any hazardous materials and if a non-risk declaration – completed correctly and in full – has been provided. If this is not the case, SICK may reject any returns, repair work, or maintenance work.

This declaration may only be completed by authorized qualified personnel and requires a legally binding signature.

Please send us the completed form, including the return form, by fax or email before dispatching the goods. In addition, please attach one copy to the outside of the package and enclose one copy with the goods.

Important information on the product (please complete in full)

Device type

Specify device type in full (for T-Easic® FTS, please also specify the mounting adapter used for installing)

Device

Serial number S/N

Was the specified device in operation?

Yes

No

Which media came into contact with it? Specify CAS no. (Chemical Abstracts Service no.) if possible.

Is the device and are all its components free from pollutants that are hazardous to health, corrosive, and/or poisonous?

Yes

No

Is the device and are all its components free from radioactive materials?

Yes

No

Please enclose the safety data sheets and any necessary information for evaluating the risk.

Sender information

Contact

Customer number

Street/house number

E-mail address

Company

ZIP/city

Phone number

Department

Country

Fax number

I hereby affirm that the details I have provided are correct and complete:

Place/date

Name (if different from contact)

Signature

Print

Save

Reset

Return form

8020881 - 9pMS - Pre USmod de48

Your internal order number/RMA

Internal SICK order confirmation number

**Please send us the completed form, including the return form, by fax or email before dispatching the goods.
In addition, please attach one copy to the outside of the package and enclose one copy with the goods.**

Shipping address

Company: SICK AG
Department: SE Quality Customer / Gate D10
Street, house no.: Erwin- Sick- Str. 1
City: Waldkirch
Country: Germany
Post code: D-79183
E-Mail: se-returncenter-waldkirch@sick.de

Shipping

Standard EXPRESS

Delivery address (if different from the sender information; see non-risk declaration)

Contact	Fax number	ZIP/city
E-mail address	Company	Country
Phone number	Street/house number	

Important information on the product (please complete in full)

Reason for return

- Repair with cost estimate (only for LFV3xx, LBX3xx, LBR, LFR, Bulkscan®) ¹⁾
- Repair (only for LFV3xx, LBX3xx, LBR, LFR, Bulkscan®)
- Repair under warranty (only for LFV3xx, LBX3xx, LBR, LFR, Bulkscan®)
- Return for credit note
- Return following loan

Part name	Part no.
Serial number S/N ²⁾	Project name

Fault description (include the service technician's report, if available)

Place/date	Name (if different from contact)
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Signature



¹⁾ Creating the cost estimate entails costs that we shall invoice if approval for the repair work is not issued.
²⁾ If you are returning individual parts, please also state the S/N of the device in which the part was installed.